

APPLICATION FOR ORIGINAL LICENSE



Deferred Presentment Services Act
State Banking Department
P. O. Box 4600
Montgomery, Alabama 36103-4600
www.banking.alabama.gov

For Department Use Only

Lic #: _____ ID#: _____

Only 359: _____ Also 597: _____

Lic \$: _____ Inv \$: _____

Issue Date: _____

TO THE STATE BANKING DEPARTMENT, STATE OF ALABAMA:

Application is hereby made to engage in the business of deferred presentment services pursuant to Act 2003-359.

Business Name: _____

D/B/A (if different): _____

Applicant is a(n):
☐ Alabama Business Corporation ☐ Alabama Limited Liability Company
☐ Alabama Limited Liability Partnership ☐ Alabama Limited Partnership
☐ Foreign Business Corporation ☐ Foreign Limited Liability Company
☐ Foreign Limited Liability Partnership ☐ Foreign Limited Partnership
☐ General Partnership ☐ Sole Proprietorship ☐ Non-Profit

PHYSICAL LOCATION: Street: _____

County: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

DEPARTMENT CORRESPONDENCE SHOULD BE DIRECTED TO:

Name: _____ Phone: _____

Address -- Street/PO Box: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

COMPLETE THE FOLLOWING FOR EACH OWNER, MEMBER, OFFICER AND DIRECTOR AS APPLICABLE:

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

(Continue on attachment if necessary)

Has the Applicant or any of its owners, members, directors or officers been convicted of a felony or any crime involving breach of trust, fraud or dishonesty?

Yes: ☐

No: ☐

If yes, please explain:

Has the Applicant or any of its owners, members, directors or officers had a lender or deferred presentment license denied, revoked or suspended by any government agency?

Yes: ☐

No: ☐

If yes, please explain and list which state(s)?

Has the Applicant or any of its owners, members, directors or officers had any court findings of fraud against them?

If yes, please explain:

Yes: ☐

No: ☐

Does the Applicant operate other locations in Alabama or any other state?

Yes: ☐

No: ☐

If yes, complete the following:

Name of State

Trade Name

Date Originally Licensed

| | | |
|--|--|--|
| | | |
| | | |
| | | |

(Continue on attachment if necessary)

Who should we contact regarding licensing?

| | | | |
|----------------|-------|--------|------------------|
| Name: | _____ | Title: | _____ |
| Address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |
| Phone #: | _____ | Fax #: | _____ |
| Email address: | _____ | | |

Who should we contact regarding examinations?

| | | | |
|----------------|-------|--------|------------------|
| Name: | _____ | Title: | _____ |
| Address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |
| Phone #: | _____ | Fax #: | _____ |
| Email address: | _____ | | |

Who should we contact regarding complaints?

| | | | |
|----------------|-------|--------|------------------|
| Name: | _____ | Title: | _____ |
| Address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |
| Phone #: | _____ | Fax #: | _____ |
| Email address: | _____ | | |

THE FOLLOWING **MUST** ACCOMPANY THIS APPLICATION OR YOUR APPLICATION WILL BE RETURNED:

- ATTACHMENT 1. A summary of the education and experience of each owner, member, director and officer.
- ATTACHMENT 2. A certified copy of the Applicant's Articles of Incorporation and By-Laws, partnership agreement, or Articles of Organization. If Applicant is an out-of-state company, also attach a Certificate of Authority issued by the Alabama Secretary of State.
- ATTACHMENT 3. Applicant's most recent financial statement showing at least \$20,000 in unencumbered cash assets prepared in accordance with standard accounting practices under the supervision of a CPA.
- ATTACHMENT 4. A true copy of the Applicant's customer Agreement.
- ATTACHMENT 5. A properly executed Department of Public Safety "Release Form".
- ATTACHMENT 6. A properly executed State Banking Department "Credit Report Release Form".
- ATTACHMENT 7. A statement of other business, if any, which Applicant proposes to conduct from the same location.
- ATTACHMENT 8. A certified check for \$100 for the investigation fee and a separate certified check for \$500 for the annual license fee, made payable to the STATE BANKING DEPARTMENT.

AFFIDAVIT

I, _____, the undersigned, being the _____
[Officer (Title), Partner or Owner]
of _____

swear (or affirm) to the best of my knowledge and belief that the statements contained in this application are true and complete.

I understand that inaccurate responses may be grounds for denial or revocation of this license.

This _____ day of _____, 20____.

Signature

Sworn and subscribed to before me this

_____ day of _____, A. D. 20_____.

Notary Public

8/5/2005